

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Electronic Version v11

Stylesheet Version v10

Title of Invention	[Cosmeceutical and nutraceutical applications of Garcinia extract containing minimum of 3% polyisoprenylated compounds for skin, hair and nails]
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As the below named inventors, we declare that:

This declaration is directed to the invention titled: " [Cosmeceutical and nutraceutical applications of Garcinia extract containing minimum of 3% polyisoprenylated compounds for skin, hair and nails]"

We believe that we are the original and first inventors of the subject matter which is claimed and for which a patent is sought;

We have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

We acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTORS:

Inventor 1: Dr. Muhammed Majeed	Inventor
Signature : /mmajeed0491/	Citizen of : US
Inventor 2: Dr. Kalkunte Seshadri Satyan	Inventor
Signature : /kssatyan/	Citizen of : IN

Inventor 3: Dr. Subbalakshmi Prakash	Inventor
Signature : /sprakash/	Citizen of : IN

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) OR

Attorney Docket Number	
First Named Inventor MAJEED, MUHAMMED	
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Art Unit	
Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Cosmeceutical and nutraceutical applications of Garcinia extract containing minimum of 3% polyisoprenylated compounds for skin, hair and nails.

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			YES	NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
 or Bar Code Label OR Correspondence address below

Name Address

City <input type="text" value="Piscataway"/>	State <input type="text" value="NJ"/>	ZIP <input type="text" value="08854"/>
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Country <input type="text" value="USA"/>	Telephone <input type="text" value="732-777-1111"/>	Fax <input type="text" value="732-777-1443"/>
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) <input type="text" value="Muhammed"/>	Family Name or Surname <input type="text" value="Majeed"/>
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Inventor's Signature <input type="text" value="Muhammed Majeed"/>	Date <input type="text"/>
---	---------------------------

Residence: City <input type="text" value="Piscataway"/>	State <input type="text" value="NJ"/>	Country <input type="text" value="USA"/>	Citizenship <input type="text" value="USA"/>
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Mailing Address

City <input type="text" value="Piscataway"/>	State <input type="text" value="NJ"/>	ZIP <input type="text" value="08854"/>	Country <input type="text" value="USA"/>
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) <input type="text" value="Kalkunte Seshadri"/>	Family Name or Surname <input type="text" value="Satyan"/>
--	---

Inventor's Signature <input type="text" value="Satyan K. S. I."/>	Date <input type="text" value="22.6.2003"/>
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Residence: City <input type="text" value="Bangalore"/>	State <input type="text"/>	Country <input type="text" value="India"/>	Citizenship <input type="text" value="India"/>
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Mailing Address

City <input type="text" value="Bangalore"/>	State <input type="text"/>	ZIP <input type="text" value="560058"/>	Country <input type="text" value="India"/>
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Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1.**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Subbalakshmi

Prakash

Inventor's SignatureSPrakashDate 9/22/03Residence: City PiscatawayState NJCountry USACitizenship IndiaMailing Address Sabinsa Corporation, 121 Ethel Road West / Unit 6**Mailing Address**City PiscatawayState NJZIP 08854Country USA**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address**Mailing Address**

City

State

ZIP

Country

Name of Additional Joint Inventor, If any: A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address**Mailing Address**

City

State

ZIP

Country